

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

YISEL DEAN, Administratrix of the
Estate of Steven Dean, deceased, et al.,

Plaintiff,

v.

RAYTHEON CORPORATION,
RAYTHEON AIRCRAFT HOLDINGS,
INC., RAYTHEON AIRCRAFT CO.,
RAYTHEON CREDIT CORPORATION,
and COLGAN AIR, INC.,

Defendants.

Civil Action No. 05-CV-10155-PBS

**AFFIDAVIT OF ANDRE M. GREGORIAN IN SUPPORT OF
COLGAN AIR, INC.'S MOTION TO DISMISS**

I, Andre M. Gregorian, being duly sworn, do hereby depose and say:

1. I am an associate with the law firm of Dombroff & Gilmore, P.C. located at 1676 International Drive, Penthouse, McLean, Virginia. I am one of the attorneys representing Defendant, Colgan Air, Inc.

2. I present this Affidavit for the purpose of authenticating documents presented in connection with Colgan Air, Inc.'s ("Colgan") Motion to Dismiss. I have personal knowledge of pertinent facts relevant to Colgan's motion.

3. Attached hereto as Exhibit 1 is a true and accurate copy of Colgan's Wage and Tax register for Steven Dean, which includes the payroll code 500211, Colgan's code for its flight crew based in Hyannis, Massachusetts.

4. Attached hereto as Exhibit 2 is a true and accurate copy of Colgan's payroll Master Control indicating that Mr. Dean paid Massachusetts unemployment taxes (SUI/DI) and that his base was in Massachusetts.

5. Attached hereto as Exhibit 3 is a true and accurate record of Colgan's insurer indicating that it paid workers' compensation insurance for Mr. Dean in Massachusetts.

6. Attached hereto as Exhibit 4 is a true and accurate copy of a Massachusetts workers' compensation claim file, indicating that Mr. Dean's claim was filed in Massachusetts.

7. Attached hereto as Exhibit 5 is a true and accurate record of Colgan's insurer indicating that workers' compensation benefits were paid on behalf of Mr. Dean in Massachusetts.

Signed under the penalties of perjury this 17th day of June, 2005.


Andre M. Gregorian

[illegible]

DEAN, STEVEN T 913 S MAIN ST APT 250 EULESS, TX 76040		File: 002257 Dept: 500211 Check: F Cnt: P		Cur Gross: 0.00 Hourly Rate: 20.0000 Rate Calc: 3 LWW: 38 NWW: 38 Std Hours: 37.50 Pay Group: 2 Prior Qtr Month 3		Marital Status: S-SINGLE Federal: 01 Exemptions 53 TX 53 TX (LWed In) 02 MA SUND State Reciprocity Cd 2		14,912.40 Y Gross 1,380.94 Y FIT 894.34 Y SS 209.18 Y MED 15.04 Allowed S 600.00 Acc 01 REG H 441.00 Acc 07 UNIF 2,912.40 Acc 12 OV/GA 745.62 Acc 17 POP H 266.40 Acc 04 YTD P		0.00 Q Gross 0.00 Q FIT 0.00 Q SS 0.00 Q MED 15.04 Annum S 12,000.00 Acc 02 REG E 487.50 Acc 08 HEALT 422.50 Acc 16 487.50 Acc 37 PRETA	
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Accrual 1 Reret Cd. Yr. 2002 Date 6: 10/04/2003
 Accrual 2 Reret Cd. Yr. 2002 Date 7: 10/04/2003

Slat TERMINATED
 SSN: 572-27-0673
 Title: FO
 Senc: M Hire: 10/04/2002
 Race: 1 Birth: 10/28/1964
 Occup: 2 Last Inc: 11/15/2002
 Term: 08/26/2003

UPD in MA
 Based in MA



Account Number: 002680100-000-1-4 08/12/2004 001
 Policy Number: 2680100
 Insured Name: COLGAN AIRWAYS

Audit Period: 12/01/2002 12/01/2003
 Policy Period: 12/01/2002 12/01/2003

MA 7403	Spencer, Andrew	0	6,154
	Duties: STATION AGENT		
	Lump Sum:	6,154	Adjustment: 0
MA 7403	Stackpole, Victoria S.	0	24,649
	Duties: STATION AGENT		
	Lump Sum:	24,649	Adjustment: 0
MA 7403	Stewart Jr, James R	0	5,829
	Duties: Maintenance		
	Lump Sum:	5,829	Adjustment: 0
MA 7403	Trovato, Jessica	0	13,330
	Duties: STATION AGENT		
	Lump Sum:	13,330	Adjustment: 0
MA 7403	Vallejo, Thomas Jeff	0	58,016
	Duties: Maintenance		
	Lump Sum:	58,016	Adjustment: 0
MA 7403	Waine, Matthew	0	4,124
	Duties: STATION AGENT		
	Lump Sum:	4,124	Adjustment: 0
MA 7403	Wall, Michael	0	7,398
	Duties: Maintenance		
	Lump Sum:	7,398	Adjustment: 0
MA 7403	Wheless, Harlea Nuel	0	39,770
	Duties: Maintenance		
	Lump Sum:	39,770	Adjustment: 0
MA 7403	White, John C.	0	50,732
	Duties: Maintenance		
	Lump Sum:	50,732	Adjustment: 0
MA 7403	Willis, Rachel Ann	0	2,931
	Duties: STATION AGENT		
	Lump Sum:	2,931	Adjustment: 0
MA 7403	Wray, Norri	0	7,980
	Duties: STATION AGENT		
	Lump Sum:	7,980	Adjustment: 0
MA 7403	Zaremski, Christopher	0	3,573
	Duties: STATION AGENT		
	Lump Sum:	3,573	Adjustment: 0
MA 7405	Barnett, Karen M	0	11,345
	Duties: Flight Crewmember		
	Lump Sum:	11,345	Adjustment: 0
MA 7405	Baugh, Keith	0	26,092
	Duties: Flight Crewmember		
	Lump Sum:	26,092	Adjustment: 0
MA 7405	Cairney, Ryan L	0	23,844
	Duties: Flight Crewmember		
	Lump Sum:	23,844	Adjustment: 0
MA 7405	Christian, Annet	0	30,885
	Duties: Flight Crewmember		
	Lump Sum:	30,885	Adjustment: 0
MA 7405	Clark, Doug	0	22,205
	Duties: Flight Crewmember		
	Lump Sum:	22,205	Adjustment: 0
MA 7405	Dean, Steven	0	16,412

Account Number: 002680100-000-4 08/12/2004 001
 Policy Number: 2680100
 Insured Name: COLGAN AIRWAYS

Audit Period: 12/01/2002 12/01/2003
 Policy Period: 12/01/2002 12/01/2003

	Duties: Flight Crewmember			
		Lump Sum:	16,412	Adjustment: 0
MA 7405	Driscoll, Katherine	0		7,506
	Duties: Flight Crewmember			
		Lump Sum:	7,506	Adjustment: 0
MA 7405	Jurkiewicz, Richard John	0		32,612
	Duties: Flight Crewmember			
		Lump Sum:	32,612	Adjustment: 0
MA 7405	Kinzer, Jason	0		15,824
	Duties: Flight Crewmember			
		Lump Sum:	15,824	Adjustment: 0
MA 7405	Knabe, Scott	0		23,341
	Duties: Flight Crewmember			
		Lump Sum:	23,341	Adjustment: 0
MA 7405	Lewis, Devonon	0		22,691
	Duties: Flight Crewmember			
		Lump Sum:	22,691	Adjustment: 0
MA 7405	McCracken, Robert	0		38,879
	Duties: Flight Crewmember			
		Lump Sum:	38,879	Adjustment: 0
MA 7405	Metten, Yvonne	0		750
	Duties: Flight Att- TRAINEE			
		Lump Sum:	750	Adjustment: 0
MA 7405	O'Brien, William E	0		11,093
	Duties: Flight Crewmember			
		Lump Sum:	11,093	Adjustment: 0
MA 7405	Smith, Danie	0		3,875
	Duties: Flight Inst- SIMULATOR/ CLASS			
		Lump Sum:	3,875	Adjustment: 0
MA 7405	Stureman, Susan Dancer	0		6,659
	Duties: Flight Crewmember			
		Lump Sum:	6,659	Adjustment: 0
MA 7405	Willis, C Caron	0		4,439
	Duties: Flight Crewmember			
		Lump Sum:	4,439	Adjustment: 0
MA 7405	Wing, Frederick	0		24,765
	Duties: Flight Crewmember			
		Lump Sum:	24,765	Adjustment: 0
Total Classified				1,795,901
Time and 1/2 Overtime				
MA 7403	Almonacid, Theresa M.	0		4,945
	Duties: STATION AGENT			
		Lump Sum:	0	Adjustment: 4,945
MA 7403	Armstrong, William B	0		1,093
	Duties: STATION AGENT			
		Lump Sum:	0	Adjustment: 1,093
MA 7403	Ayer, Ryan M	0		775
	Duties: PARTS			
		Lump Sum:	0	Adjustment: 775
MA 7403	Barry, Brian	0		11,676
	Duties: Maintenance			

Employer's Report of Industrial Injury

State of Massachusetts

Date: 04/18/2005

General Information




Reference No.

Ref. No. / Branch - Case : 0000083988

Branch - Case

456 - 084835

Code

Origin : I - Internet

Description

Claim Services First Notice Of Loss

Handling Office : 456 - Claim Services Boston W C Handling Office

Claim or Notification

Report Purpose :

Employer / Insured Name : Colgan Air, Inc.

Claimant Name : Dean,, Yisel

Phone No.

Claimant Work Phone : (703) 368-8880

Extension

235

Carrier Name :

Policy No.

Policy No. : 002680100

Eff. Date

12/01/2002

Exp. Date

12/01/2003

Line of Business : Workers Compensation

Date

Date / Time of Injury : 08/26/2003

Time

3:38 P M

Reported By : Joan Simons

Title :

Phone No.

Work Phone : (703) 257-5999

Extension

Date

Date / Time : 08/27/2003

Start

06:32 P M

Stop

06:44 P M

**Insurance/Coverage
Information**



Carrier Info :

Carrier Name :

Carrier Address :



City _____ State _____ Zip Code _____

City, State, Zip Code :

Phone No. _____ Extension _____

Carrier Phone : _____

Carrier FEIN :

Policy Info :

Policy No.	Eff. Date	Exp. Date
Pol. No. Eff. / Exp. Date : 002680100	12/01/2002	12/01/2003

Module	Policy Prefix	Inv Mod Ind.
Mod., Prefix, Inv Mod Ind. :		

Code	Name
Annual Statement Co. : 013	COMMERCE AND INDUSTRY CO

Code	Name
Issuing Company : 107	COMMERCE & INDUSTRY INS CO

Code
Division : 014

Code	Description
Major Class (MJC) : 014	Workers Compensation

State Info :

Coverage State(s): ME, MA, NH, NY, PA, RI, VT, VA, WV, NY, NY

	Accident State	Benefit State	Hire State
Acc., Bene., Hire State :	Massachusetts	Massachusetts	Massachusetts

Employer/Insured Information

Company Info :

Company Name : Colgan Air, Inc.

Address : 10677 Aviation Lane

City, State, Zip Code: Manassas Virginia 201102701

Local Business Info :

Employer Name : COLGAN AIR

Address :

10677 Aviation Lane

City	State	Zip Code
City, State, Zip Code : Manassas	Virginia	20110

Phone No.	Extension
Phone : 703368880	0231

Fax No.
Fax : 703 3313116

Employer FEIN
FEIN : 541397506

Employer SIC	State Unemp. ID
SIC & SUI :	

Nature of Business
Nature of Business :

Contact Info :

Contact Person Name : Simons, Joan E

Title :

Address :

City	State	Zip Code
City, State, Zip Code :		

Phone No.	Extension
Work Phone : (703) 257-5999	

RMIS Info :

Code	Description
Division :	

Code	Description
Location :	

Code	Description
Department :	

Code	Description
Section :	

Employee Information

Top	Up	Down
-----	----	------

Personal Info :

Employee Name : Dean,, Yisel

Social Security No. : 572-27-0673

Home Address : 841 S Main St, Apt #132

	City	State	Zip Code
City, State, Zip Code :	Eules	Texas	76040

Phone No.

Home Phone : (817) 545-6934

	Date of Birth	Age
Date of Birth / Age :	10/28/1964	38

	Gender	Marital Status
Gender, Marital Status :	Male	Married

	No. of Dependents	No. of Dependent Children
No. of Dep(s) & Dep. Children :	2	0

Work Info :

	Phone No.	Extension
Employee Work Phone :	(703) 368-8880	235

	Department	Status	Job Title
Reg. Dept., Status, Title :		Regular	Pilot/Fo

	NCCI Class Code
NCCI Class Code :	7403

	Date of Hire	State of Hire
Date / State of Hire :	10/04/2002	Massachusetts

Supervisor Name :

	Phone No.	Extension
Supervisor Phone :		

Wage Info :

	Wage Rate	Per	or Other
Wage Rate, Per, or Other :	20.00	Hour	

	Days Worked Per Week	Hours Worked Per Day	Hours Worked Per Week
No. of :	5.00	19.00	

Average Weekly Wage		Est. Annual Salary	
Salary : \$ 375.00		\$ 19500	
Full Pay for Day of Injury : Y - Yes			
Salary Cont. After Injury : N - No			
Last Received Full Pay :			
Time Began Work		Date Of Loss	Time Of Loss
Time Began Work		08/26/2003	3:38 P M
Date / Time Of Loss :			
Lost Time From Work :			
Employer Notified		Administrator Notified	Return Work Status
Date Employer Notified, 08/26/2003		08/27/2003	O - Off Work
Date Administrator Notified,			
Return To Work Status :			
Last Day Worked		Disability Began	
Last Day Worked,		08/26/2003	
Date Disability Began :			
Release To Work		Returned To Work	Total Work Days Lost
Release To Work,			
Returned To Work,			
Work Days Lost :			

General Info:

Average Weekly Wage Is : A

Occurrence Information

Top

Up

Down

Accident Location Info :

Employer Premises : Y - Yes

Loss Location or Dept. : Barnstable Municipal Airport

Address : Hangar #2

City

City, State, Zip Code : Hyannis

County

County : Barnstable

State

Massachusetts

Zip Code

02601

Incident Info :

Employee Activity at

Time of Incident :

Work Process :

How Injury Occurred : Please call, still under investigation

Equip., Chem., Materials in Use :

	Required	Provided	Used
Safety Equip. Required, Provided,			
Used :			

General Info:Employer Representative Notified
Name : Michael J Colgan

Loss Location Phone : 508 7718610

Was Employee Injured Doing Regular
Occupation : Y

Did Worker Stop Work Immediately : Y

Injury / Illness Info :

Fatality	Date of Death
Fatality / Date of Death : Y - Yes	08/26/2003
Code	Description
Type of Injury / Illness : DE	Death
Code	Description
Part of Body Affected : MB	Multiple Body Parts : Multiple Body Parts
Code	Description
Cause of Injury : MX	Struck Or Injured By : Miscellaneous

Treatment Info :

Authorized	Date Authorized
Medical Treatment :	
Code	Description
Initial Treatment : 0	No Medical
Admitted to Hospital	Type of Facility
Admitted to Hospital, N - No	
Type of Facility :	

Physician Info :

Physician Name :

Address :

City	State	Zip Code
City, State, Zip Code :		

Phone No.

Work Phone :

Phone No.

Home Phone :

Managed Care Info :

Branch No.

Branch Name

Branch No. and Name :

Managed Care Address :

City

State

Zip Code

City, State, Zip Code :

Phone No.

Phone :

Fax No.

Fax :

Hospital Info :

Hospital Name :

Address :

City

State

Zip Code

City, State, Zip Code :

Phone No.

Phone :

Med. Treatment Provided :

Witness Info :

Witness (1) Name :

Address :

City

State

Zip Code

City, State, Zip Code :

Phone No.

Extension

Work Phone :

Phone No.

Home Phone :

Witness (2) Name :

Address :

City

State

Zip Code

City, State, Zip Code :

Phone No.

Extension

Work Phone :

Phone No.

Home Phone :

Witness (3) Name :

Address :

City

State

Zip Code

City, State, Zip Code :

Phone No.

Extension

Work Phone :

Phone No.

Home Phone :

Other Information

Supplementary Info :

Prior Accident, Illness, Injury

Known Medical
ConditionPre-Existing
Disabilities

Claimant Has : N - No

N - No

N - No

Please Explain :

Claimant Had
Any Previous Workers'
Comp or Group Disability Claims? :

Would You Consider Your
[Claimant's] Job as Part
of Management? :

Is Claimant a Member
of Labor Union? :

CDI Flag : N - No

Processing Information

Report Info :

Preparer's Name

Date Prepared

Preparer Name & Date Prepared : Joan Simons

08/27/2003

Title :

Address :

City

State

Zip Code

City, State, Zip Code :

Phone No.

Extension

Work Phone : (703) 257-5999

Phone No.

Home Phone :

Primary 'To' Email Address : joansimons@colganair.com

Cc Email Address :

General Info:

Preparers Phone Area Code : 703

Preparers Phone Number : 2575999

Status Info :

Reference

Branch - Case

Claim Reference No. : 0000083988

Branch - Case No. : 456 - 084835

Ref. Abstraction Status : C - Abstracted

Claim Processing
Status : O - Open

Reference Assigned

Branch - Case
Assigned

Date : 08/27/2003

Date : 08/28/2003

Time : 06:52 P M

Time : 12:03 P M

Code

Description

Origin Code / Description : I - Internet

Claim Services First Notice Of Loss

Assigned Handling Office :

159 - WC ATLANTA, GA
Atlanta WC Service Center
P.O. Box 3030
Alpharetta, GA 30023-3030
Tel. (770) 870-2300
Tel. (800) 448-9707
Fax (770) 870-2305
WCATLFROI@aig.com

Adjuster Name : Hulsey, Kim H

Adjuster Phone : 770-870-2300

Report generated on 04/18/2005 11:50 AM by Joan Simons

You may wish to use the browser's 'Print' button to make a copy of this page for your records.

[New Search](#)[Search Results](#)

AIG RISKS
RISK DETAIL REPORT

CLIENT	ACCOUNT	POLICY	CONTRACT PERIOD	VALUATION DATE	REPORT DATE	PAGE
1400570	1400570	002680100 WC	12/01/02 - 12/01/03	03/31/05	03/31/05	14
COLGAN AIR, INC. COLGAN AIR, INC. COLGAN AIRWAYS						

LOSS DATE	OFF CLAIMANT NAME	STATE	COMP	MEDICAL	ALLOCATED	TOTALS	SALVAGE	TOTAL
RPT. DATE	CASE NOCTI OCCUPATION		BI	PROPERTY	EXPENSE		SUBRO	INCURRED
STATUS	SYM ACCIDENT DESCRIPTION						OTHER	
CLOS DATE	H-OFF							
8/26/03	456 KNABE SCOTT	MA						
8/27/03	084833 07403 PILOT/CAPT							
CLOSED	001 MALE AGE - 39 SS# - 279-70-5243							
3/30/04	159							
WC-IND	PLEASE CALL, UNDER INVESTIGATION							

DEATH

4,000.00

8/26/03	456 DEAN, TIBEL	MA						
8/27/03	084835 07403 PILOT/FO							
OPEN	001 MALE AGE - 38 SS# - 572-27-0673							
159								
WC-IND	PLEASE CALL, STILL UNDER INVESTIGATION							

DEATH

50,200.00

8/28/03	456 GRINDLE MAY	ME						
8/28/03	084887 07403 CUSTOMER SERVICE AGENT							
CLOSED	001 FEMALE AGE - 47 SS# - 572-90-7352							
6/16/04	159							
WC-MED	WHILE LOADING BAGS ON AIRCRAFT, PULLED S SOMETHING IN ELBOW OF LEFT ARM. STRAIN							

7,146.24

8/30/03	016 BART SUSAN	ME						
9/05/03	166624 07403 FLIGHT ATTENDANT							
CLOSED	001 FEMALE AGE - 29 SS# - 184-68-5779							
3/03/04	067							
WC-IND	EMPLOYEE WAS WALKING ON THE TARMAC. THERE WAS A LARGE CRACK/HOLE IN THE PAVEMENT. THE HEAL OF HER SHO SPRAIN TO FOOT. CH							

6,439.07

